ed. Exact	PLACE OF DEATH County S1. Marys	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 27 5 C
rly classif	Village or City Qakley Motho. 2FULL NAME 20 mane	St.: Ward) (If death occurred in a hospital or institution, give its NAME isstend of street and number.)
obe	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be project of o	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 3 , 1931 (Month) (Day) (Year)
hat it ma ons on b	6 DATE OF BIRTH 22 , 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 22 1923 (to 23 , 1923 (that I last saw h alive on 23 , 1923 (
ms so the	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
ATH in plain timportant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Oanley Sur	Cost fair of after Charing freak. Contributory Secondary (Durstion) Contributory Secondary (Durstion) Contributory Secondary
OF D	10 NAME OF Shomas Ormhy	(Signed) Malin B. West M. D. Jan 43 1931 (Address) Oakley, most
LION I	OF FATHER Z (State or country) 12 MAIDEN NAME Z 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
d tate occupa	of MOTHER Comma Clarko 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
S shew	(Informant) Thrmas Omehous	if not at place of dea.h? Former or usual residence
CIAN	(Address) Wahley Mod. Filed - 24 193 M. V. Palmur Registra	Sacred Heart Jam 23, 19.31. 20 UNDERTAKER Rostin Cattley Mrs.
	If more banks are needed, address tate Kegistrar	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, whatever, write None. busines, that fact may be indicated thus; Farmer veor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Housemoid, etc. Foreman, For many occupations a single word or term on or .1t Home, and children, Farm laborer, Laborer-Coal mine, etc. 378. (b) Cotton mill; (a) Salesman, (b) Grocery;man, (b) Automobile factory. The material without more precise specification as For persons who have no occupation If the occupation has been changed Architect, Locomotive engineer, not gainfully em-The ques-Wom-Day

spinal meningitis"; Diphtheria avoid use of "Croup to time and causation), using always the same acce ed term for the same disease. Examples: Cerebrospia Statement of Cause of Death-Name, first, the D Typhoid fever never report "Typhoid Pncumonia" EA. I CAUSING DEATH the primary affection with respect (the only definite synonym is "Epidemic cerebropreumoma, Broncho:pneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonilis," "Uraemia, "" "Weakness," etc., when a definite disease Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. (seeondary or approved by Committee on belonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of perilonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; " "Marasmus, " "Old Age, " "Shock," intercurrent) Chronic affection etc. The contributory valvular heart Nomenclature Always qualify all need disease; not be death

parmanently filed. in detail, it will prevent further correspondence. s certificate is looked over thoroughly and al questions essential and must be obtained before the certificate is All the

S. No. 1

>

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County & Mary	CERTIFICATE OF DEATH
	Registration Dist. No. 287
Village or City Lenoasellono	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME James Oftm	Asy / Sames number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male black Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Month (Day) (Year) The state of	and that death occurred on the date stated above, at J. 20m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Dall births, may be hissolitary Lyphilis (Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF Homes Lenia Barnes 11 BIRTHPLACE OF FATHER (State or country) Marya & Mal	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) OF MAIDEN NAME OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitais, Institutions, Transferate or Recent Residents) At place of deathyrsmosds, Where was disease contracted,
(Informant) Thomas Lewis Barries	if not at place of des h?
(Informant) florings of John (Address) Linearol Com	ap his frome an 4, 1951
Filed March 3 1931 Place Registras	Thomas Levis Barner Levoar tom
If more b.anks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to cich and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. first line will be sufficient, e. g.. Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," st.ted unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) (Recommendations on statement of cause of death (secondary unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need not be Chronicetc. The valvular heart disease; contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

piled. ACE chould be stated EXACTLY, I rms so that it may be properly classifled. Instructions on back of certificate. CORD PERMAN IS A terms so efully supplied. G INK--THIS mation should be carefully so CAUSE OF DEATH in plain PATION is very important. CIANS should

	00000		
PLACE OF DEATH	00836	STATE OF	MARYLAND
County at Manya	(108)	CERTIFICATE	OF DEATH
		Registration	Dist. No. 287
Village or City Demeron (No.		St.: Ward) a hospital or institu-
2 FULL NAME a Ford Bean			tion, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
male White Single, Married, Wildowed White Or DIVORCED (Write the word)	16 DATE OF DEATH	(Month)	3 , 193)
6 DATE OF BIRTH	17 HEREBY	CERTIFY, That I at	tended the deceased from
Feb 21 1863	Jan 1	192/ . to	Jan 3 , 198/ ,
(Month) (Day) (Year)	that I last saw hain	alive on	Jan 2, 198/ ,
7 AGE		rred on the date stated TH * was as follows:	d above, at 2VDA m.
(a) Trade, profession or particular kind of work	Loter	Breumsni	
(b) General nature of industry business, or establishment in which employed or (employer)		(Durstion)	y18
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary	(Duration)	
10 NAME OF FATHER Robert & Bean	(Signed)	(Address) grea	+ mills md
OF FATHER (State or country) Moryland	Y/	is ase Csusing Death,	or, in deaths from njury and (2) Whether
of MOTHER Jane a Laylor	18 LENGTH OF RE		itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsn	nosds. In the	e teds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse cont if not at place of dea	.h}	\$ 0 0 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Informant) Wm J Bean	Former or usual residence	0.440.000.000.000.000.000.000.000.000.0	***************************************
(informant) Of B. A. A. A.	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
(Address) great mills ma	Poplar Hil	l Cemetery	Jan 4, 193)
15 Filed Jan 3 1981 By Ben ma	20 UNDERTAKER	Robinson	Domeron hd

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnou.
laborer, Laborer—Coal man,
laborer, Farm laborer, Laborer—Coal man,
at home, who are engaged in the duties of the
at home, who are engaged in the duties of the should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer trade 6 yrs). For persons, who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (d) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Stationary freman, etc. But in many Locomotive engineer, not gainfully em-6 Grocery;

Strtement of Cause of Death—Name, first, the Dis-EARLY (VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros road fever (the only definite synonym is "Epidemic cerebrospinal meningitis"), Diphtheria (avoid use of "Croup"); Typhoid fever meyer report "Typhoid Pneumonia": Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart "Old Age," "Shock," Inanition," "Marasmus," "Old Age," "Shock," Uraemia," "Weakness," etc., when a definite diseas (secondary as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi death), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic," etc., when a definite disease valvular heart disease affection etc. The contributory Nomenclature need not be

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 operly classifi Village or City A (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. (Write the word) (Month) (Year) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE IIfLESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER RENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) OIL Accidental, Suicidal or Homicidal, 12 MAIDEN NAME LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 20 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathyrs......mos......ds. (State or Country) Where was disesse contracted, if not at place of dea.h?..... Every item CIANS sho statement Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

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REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory need not be disease;

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	AC.		lage or City		10	(140,,,,,,,,,,	0.0.
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	stated EXAC properly clain	-	PERSON	NAL AND	STATISTI	CAL PARTIC	CULARS
	chould be stated it may be proper s on back of oerti	3 5	SEX .	Whit	R OR RACE	SSINGLE, MARRIED, WIDOWED OR DIVORCI (Write the wo	ingle
BINDI	houl t ma on b	6 1	DATE OF BIR	тн		(
BII	ch tit				Jan	10	1931
™ ⊲	ACE that			***************************************	(Month)	(Day)	(Year)
D FOR	lied. Ans so	7 /	(GE	Stis	el for	nos.	If LESS that I day hrs
MARGIN RESERVED FOR BINDING WITH LINEADING INK-THIS IS A PERMANATION OF THE STATES OF	be carefully supplied. ACE ch EATH in plain terms so that it Important. See instructions o	Op Op Ob	a) Trade, proparticular kinds of the control of the	ofession o d of work ature of in stablishme	ndustry	·	
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MARGIN	OF DIS		10 NAME O	Helb	Pert C	ullis	h
WITH	USE O	CAUSE O ATION IS	OF FATH (State or	ER country)	many	lund	
	mati CA TI	ARE	12 MAIDEN OF MOTH	/	ouise	Wheat	ten
WRITE PI	Every item of Information should CIANS should state CAUSE OF D statement of OCCUPATION is very		13 BIRTHPL OF MOTH (State or		Many	Carol	
D.	tem of should ent of 0	14	THE ABOVE	IS TRUE T	O THE BEST	OF MY KNOW	LEDGE
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5	Every it	-	(Addr	ress) X	ameron	hel	
	m o o	15		h	- 1	am	10

00839

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 257

St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
t6 DATE OF DEATH	(Day) (Year)
17 I HEREBY CERTIFY, That I at	
	193/
that I last saw he all on Da.	Jan 11 197/
nd that death occurred on the date state	ed above, at
at one of partitions.	
Instance tolde line	124
and the second s	,

(Duration)	yrsde
Contributory Malenal Chr.	mi rephretia
	yrs 6 mos ds
Signed)	Phan M. D.
198/ (Address) gart	40010
*State the Iliscase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	n, or, in deaths from njury and (2) Whether
B LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Trans
ients or Recent Residents) At place	e
of deathyrsde. St	ateyrsmosds
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
It nicholas Cometing	Jan 10, 193/
20 UNDERTAKER	ADDRESS
1 Jun / 4 /	

Registra

(Approved by U. S. Census and American Public Health Association.)

business, that tace of persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary., may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on adcount of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Housemaid, etc. . If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womthat fact may be indicated thus; Farmer trewithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on Grocery;

Streement of Cause of Death—Name, first, the DIS.

EALT (NOTING DEATH (the primary affection with respect to time and causation), using always the same accept of the time and causation, using always the same accept of the time and disease. Examples: Cerebrophical electron (the only definite synonym is "Epidemic cerebrost in all meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BURBA

atic), carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "Uraemia, (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; "" "Weakness," etc., when a definite disease or intercurrent) Chronic and consequences (e.g., sepsis, valvular heart disease affection etc. The contributory need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Macys	CERTIFICATE OF DEATH
Village or City Lencedlow.	Registration Dist. No. 2 5
2FULL NAME Stielborn	Cert's a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (, 1923) (Year) (Year)
6 DATE OF BIRTH 11, 193)	17 I HEREBY CERTIFY, That Pattended the deceased #tom
7 AGE (Month) (Day) (Year) If LESS than I dayhrs. yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. de. Contributory Secondary
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Zerology (State or country)	(Signed) (Duration) yrs mos ds. (Signed) (Address) (Address) (Signed) (NDD. *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. Where was disease contracted,
(Informant)	Former or usual residence
(Address) Filed (13 192) Registrar	20 UNDERTAKER DE SPECIE ADDRESS LO PRESS ROTLEMAN
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Tophoid fever (never report "Typhoid Pneumonia,");

American Medical Association.) (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-," "Coma," "Convulsions,

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(Approved by U. S. Census and American Public Health Association.)

en at home, er," etc., without more preuse er-coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH For many occupations a especially in industrial employments, it is neceswho are engaged in the duties of the Stationary fireman, etc. But in many single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> approved by Committee on Nomenclature taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitual nephritis, "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEI

V.S. No. 1

11 .	
PLACE OF DEATH	STATE OF MARYLAND
County of County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City alumna.	
2FULL NAME Just Schring	St: Ward) A hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	
Lulie (Wilowed). MARRIEDIA AUGUSTO OR DIVORCED (Write the word)	16 DATE OF DEATH 28 , 198 (
DATE OF BIRTH	(Month) (Day) (Year)
1 22, 1841	12-29-1980 to 1-25-1981
(Month) (Day) (Year)	that I last saw h alive on / - 2 ?- 198 !
7 AGE [If LESS than	and that death occurred on the date stated above, at
40 yrs mos. 8 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.	hepline is, acule
(a) Trade, profession or /	Centlain
particular kind of work	,
business, or establishment in	(Duration) via mos 2 da
which employed or (employer)	Contributory acres pefiller s
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs 2 mos da.
FATHER Office Long	(Signed) JUM, V. Parkeren M. D.
OF FATHER	1-28-1981 (Address) arculad
C (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother War Baile	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Joseph L. Deingen	Former or usual residence
0.0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jacuty	Social francisco /- 30-1931
15 Filed 1-28 1981 N. V Palencer	20 UNDERTAKER ADDRESS
Registra	ungenettall dundlind
If more blanks are needed, addre.s Ltate Negistrar,	16 W. Mratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on Stationary fireman, etc. But in many Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerepros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved "(E.haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," American Medical Association.) telanus) may be stated under the head of "contributory." st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not Chronic Example: Measles (disease ," "Coma," "Convulsions, valvular heart disease; etc. The contributory

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REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

4

the first line will be sufficient, e. g., Furmer or Planter, eupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are cugaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Never return "Laborer," "Foreman," "Manager." "Dealworked: on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grucery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fromen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. fired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer? (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of ob-For many occupations a single word or aud children; not gainfully emof persons en-The questerm on 4.00

Typhoid .fever (never report "Typhoid pneumonia" spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebyospin EASE CAUSING DEATH (the primary affection with resp Lobar pneumonia, Bronchopneumonia ("Pueumonia fever (the only definite synonym is "Epidemic cereb to time and causation), using always the same acce Statement of Cause of Death-Name, first, the D 2...

> unqualified is indefinite); Tuberculosis of lungs, men use of "Tumor" for malignant neoplasms); Measles; rhage," "Juanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions. "such as "Astheuia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing stated unless important. Chronic interstitial nephritis, etc. The contributory inges, peritonación, etc., Carcinoma, Sarcoma, etc., of head of quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; Chronic valvillar heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on train-accident; Revolver wound of head-homicide; taken. State cause (Arange origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY death), 29. ds.; Bronchopneumonia "contributory." the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.) for which surgical operation was under-(Recommendations on state-Example: Moustos (second-(disease (merely not be

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quescertificate is permanently filed. All the data is essential and must be obtained before

PLACE OF DEATH	00844 STATE OF MARYLAND
County of Mary	CERTIFICATE OF DEATH
County The	(23)
man Holling A.	Registration Dist. No.
Village or City The World (No.	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME Mensing las Apr	tion, give its NAME is stead of street and number.)
	A
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH
(Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 HEREBY CENTIFY, That I attended the deceased from
(Year)	that I last saw hely alive on Alle 29 192 10
7 AGE IlfLESS than	and that death occurred on the date stated above, at
9/\ 2 96\ day_hrs.	The CAUSE OF DEATH * was as follows:
yrs	Les of the second
(a) Trade, profession or	I wimman / Melescalesed
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE	Contributory
(State or country) A maryole Mid.	(Duration) yrs
10 NAME OF FATHER	(Sigged) Themself M. D.
on 11 BIRTHPLACE	Jal 193 1 (Address) Leonardhown
Z (State or country) At Manual hand	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother Julia & matherighty	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Ca li	Former or usual residence.
(Informant China July	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Slywood My	A John Comeling Son 13 1,031
15 Filed M B 1923 Caulalin	20 UNDERTAKER ADDRESS
Registrar	Wer 6 mustingly feonardown
If more hanks are pleded address that Resistant	16 W. Saratora St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womcupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, (b) Automobile factory. The material For many occupations a (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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PLACE OF DEATH

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DESEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Village or City Name Stillborn Semler	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw halive on, 192, 192
7 AGE If LESS than I dayhrs. gray	
(a) Trade, profession or particular kind of work	Itallbern -
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs death of the State yrs mos de State yrs yrs mos de State yrs mos de State yrs mos yrs mos de State yrs yrs mos yrs yrs yrs yrs yrs yrs yrs yrs yrs yr
(Address) 1923 Mills Registrar	M. ASCAM JUAN SAN, 9, 1931. 20 UNDERTAKER JUAN MADDRESS WANGANGA
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more receive at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Groccry. (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISALE ANSE CAUSING DEATH (the primary affection with respect-to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, (secondary danus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDWIG	NG INKTHIS	arefully supplied
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V. S. No. 1

PLACE OF DEATH .	STATE OF MARYLAND
County W. //WY	CERTIFICATE OF DEATH
- All I am a second and a second a second and a second and a second and a second and a second an	9/2.
Mandrensia	Registration Dist. No.
Village or City / / / / / / / / / / / No.	St.: Ward) (If death occurred in
2 FULL NAME IM Trefest dong-	tion, give its NAME it - stead of street and number.)
1 A	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule While (Write the word)	16 DATE OF DEATH DW. 10 192/
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended the deceased from
I. AR der	192 to Jan. 10 . 1936
pruy 27, 183)	11
(Interpretation of the control of th	that I last saw halive on, 1921,
7 AGE	and that death occurred on the date stated above, atm.
76 yrs. 5 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION 1	M. Jana al Durania
(a) Trade, profession or HAMMAN	MANNACAGNISIA
(b) General nature of industry	
usiness, or establishment in	(Duration) 2 yrs. unos ds.
which employed or (employer)	1000 al me Manage
9 BIRTHPLACE (State or country)	Contributory Secondary
100	Duration) yrs. nos. d. ds.
FATHER WALLEMAN HOUSE NORMA	(Signed) A. I. M. D. M. D.
I man land	DM 10 1921 (Address) MNVame -
OF FATHER MAL	*State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME) WHALL TO THE STATE OF T	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER DOLLAR WAND TOURS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Davida I I I I I I I I I I I I I I I I I I I	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of desth yrs. mos. ds. State yrs. mos. ds.
(State or country) // / -	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
k /h-Nona W	Former or usus! residence
(Informant)	19/ VACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address) / ASMMCANM N. C.	W. SARMY CHIELLY JAN 12 1931-
15	20 UNDERTAKER ADDRESS
Filed Mr. 1991 Registrar	Eddaga The Jose Soll
	WANTE TO THE PARTY OF THE PARTY
If more blanks are needed, address State Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons enworked on may form part of the second statement. Physician, etc., Foreman, For many occupations a single word or term on or At Home, especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the and children, Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) telanis) may be stated under the head of "contributory." as fracture of skull, and consequences *(e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (mercly symptomstited unless important Example: Measles (disease Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; L. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic chopneumonia (secondary), The n ture of the injury, etc. The contributory valvular heart disease

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FEB 5

PLACE OF DEATH	STATE OF MARYLAND
County / W / W/	CERTIFICATE OF DEATH Registration Dist. No. 282
Village or City/1/879 (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME in stand of atrect an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Bluch Single, married, hugle widowed. Male Bluch (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH W - 14 , 1970 (Month) (Day) (Year)	I HEREBY CERTIFY. That I attended the deceased from 1921 to 192
7 AGE If LESS than I day hrs. day hrs. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	hlanken r Emlenden
business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) 10 NAME OF WALL YALLSM NUSM 11 BIRTHPLACE	Secondary (Duration) yrs mos d (Signed) A: 7-19 MMMM M. I
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translants or Recent Residents) At place of deathyrsnosds.
(Informant) Name To the BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence. DATE OF BURIAL
(Address) MNGMMA 15 Filed MM-6 1950 K-12- 75 MMW	19 LACE OF BURIAL OR REMOVAL 20 UNDERTAKEN A MALE ADDRESS ADDRESS ADDRESS
Registrar	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Factories tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptated term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

22 carbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

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PLACE OF DEATH County of Mays



60543

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 84

Village or City Machaerreckla 2FULL NAME Forak Q. Reis	St.: Ward) (If death occurred in a hospit of institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 , 198/ (Month) (Day) (Year)
March 24, 1841 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 3 1931. to 77 1931. that I last saw h alive on Jan 77 1923.
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 5m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 2 3 2 M. Peyrou Sh.	(Duration) Contributory Secondary (Duration) (Durat
Filed Jan 8 1986 Rom Jackson Registrar	20 UNDERTAKER PADDRESS Elisa Falon Me Chomical

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved hy U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealcases, Civil ongineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, etc. especially in industrial employments, it is neces-For many occupations a Farm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia single word or term on (6) Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept Statement of Cause of Death-Name, first, the Dr Typhoid fover (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro EASE CAUSING DEATH (the primary affection with respec pneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The Nomenclature of the contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al qu stions

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PARENTS

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Filed

1PLACE OF DEATH
County St Manys
llage or City Tall Line bene (No.
2FULL NAME Mary & Russell
PERSONAL AND STATISTICAL PARTICULARS
SEX 4 COLOR OR RACE SINGLE. MARRIED WIDOWED. OR DIVORCED (Write the word)
DATE OF BIRTH
A
AGE [If LESS than a
76 yrs. 2 mos. 4 ds. or min.?
a) Trade, profession or conticular kind of work b) General nature of industry pursues, or establishment in which employed or (employer)
BIRTHPLACE (State or country) . Virginia.
10 NAME OF Robert Birch
11 BIRTHPLACE OF FATHER (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or Country)
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Storal Mussell

00850 STAT

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 287

St: Ward) a

(If death occurred im a hospital or institution, give its NAME instead of street and number.)

MEDICAL	EKITICA	TE OF	DEATH	
16 DATE OF DEATH	Ja			1927/
.01.0140004.000000000000000000000000000	~			(Year)
17 HEREBY CER	TIFY, That	I attend	ed the de	ceased from
Jan 2	198./ to	ja	n 5	, 193/
that I last saw handling	ve on	Ja	5,	192/
and that death occurred o	n the date	tated abo	ove, at	330 Pm.
The CAUSE OF DEATH *				
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6 11	_			
Infilmenza	K	*************	100000000000000000000000000000000000000	
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	(5)			100 H de.
********************************	(Duration)	У	rs	109de.
Contributory			******	***************************************
Secondary				
	(Duration)	y	T8	.ebeo
(Sjgned)		Py de	sea.	M. D.
Jan 6 18/ (A)	ddress)	X	mil	le mod
		looth or	in doe	the from
*State the Disease Violent Causes, state	(1) Means	of Injury	and (2)	Whether
Accidental, Suicidal or Ho				
18 LENGTH OF RESIDE		Hospitals	, Instituti	ions, Trans-
ients or Recent Residen	ts)			
At place of deathyrsmos	ds.	In the State	yrs	.mosds,
Where was disease contracted				
if not at place of death?			*************	***************************************
Former or usual residence	******	•••••		
19 PLACE OF BURIAL OR	REMOVAL		DATE OF	BURIAL
1+0-	0 7	_	-	2. 1931
xy peryges	mela	14 1	DDDESS	J , 1901
20 UNDERTAKER		1 GA	DUKESS	

If more b.anks are needed, addre s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-loborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH g: jed in domestic service for wages, as Servant, Cook ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of whatever, write Nonc. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesmon, (b) Grocery; man, (b) Automobile foctory. The material Stationary fireman, etc. But in many Locomotive engineer, persons

Strument of Cause of Death—Name, first, the DIS-EAU CYUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Mcasles (disease "('E.haustion," "Heart failure," Liaemorande, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.:haustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopncumonia (secondary), interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic and consequences (e. g., sepsis, Carcinomo, Sarcoma, valvular heart etc. The contributory affection need disease, not be etc., of death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained helore the certificate is permanently filed.

See Instructions on back of certificate.

that it may be

CAUSE OF DEATH in plain ATION is very important.

statement of Every Item CIANS shou

PLACE	OF DEATH	
County.	- Mary	g
	1. 1	101

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 287

lage or City St March City (No.	St.:
2 FULL NAME Josephine Ru	te
2FULL NAME JOSEPhine	

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street andWard) number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tende White Single, Married (Write the word)	16 DATE OF DEATH 3 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH March 25, 1870 (Month) (Day) (Year)	that I last saw h 42 alive on Dec. 15, 1920.
7 AGE 60 yrs. 9 mos. 9 de. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs mos ds.
9 BIRTHPLACE (State or country) Switzerland 10 NAME OF FATHER	Contributory Secondary (Duration) Toods. (Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Fred Ruter (Address) St Mary's City, Med	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Language from true Language
Filed Jan 3 198/ AMSegn Lew Registrat	Ernest Robinson Dameron ked

(Approved by U. S. Census and American Public Health Association.)

loborer, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important; so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Foreman, For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-ome, who are engaged in the duties of the without more precise specification as Doy Compositor, Architect, mpositor, Architect, Locomotive engineer, Stationary firemon, etc. But in many (b) Automobile factory. The materia. (a) the kind of work and also (b) the single word or term on Grocery,

Strtement of Cause of Death—Name, first, the Diseal Courts of Cause of Death—Name, first, the Diseal Courts of Cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injunct State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; approved by Committee on befanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is lcss definite; avoid or intercurrent) Chronie and consequences (c. g., sepsis, volvular heart diseose; affection need etc. Nomenclature The contributory " Shock, Meosles not be etc., of of the

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carefully supplied.

B.—WRITE PK mation sho TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(10)
County St. Marys	Registration Dist. No. 287
Village or City Scoundraltonon	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME John Franci	s Sickle
(a) Residence: N6./ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Single	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept - 25-19	28 I last sew h alive on
	SS than to have occurred on the date stated above, at 3 Pm.
2 3 22 or	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dephtheria 2/10/21
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of Importance:
13. NAME Elarence Sich	2
13. NAME 6 larence Sich 14. BIRTHPLACE (city or town) Marylane (State or country)	Name of operation
15. MAIDEN NAME. Madeline Over	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME. Madeline Ower 16. BIRTHPLACE (city or town) In anyland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Clarence Sick	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Holy Frece Court Date Jan 17	7, 19_3/_ Nature of injury
19, UNDERTAKER Tom 6. Mallarigh	24. Was disease or Injury In any way related to occupation of deceased?
20, FILEO Jan 17, 19.31 RgBian	N.D. (Signed) Pypera M.D.
Con Re	egistrar. (Address) Server Mills H

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes/ Date of onset of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	HAR 5 193	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MAN 55 150	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5,1927	Perilonilis	3 days ago	
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PL

oertificate

ee instructions on back

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

> OF MOTHER (State or Country)

> > (Address)

14 THE ABOVE IS

(Informant)

TRUE TO

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PARENTS

15 Filed

1,000	OF DEATH				
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llage or City	Dames	1	(No		
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PERSON	IAL AND ST	ATISTIC	AL PARTIC	CULARS	
sex mali	4 COLOR OF	, INACE	SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo		ed
DATE OF BIR	тн				
		(Month)	(Day)	, 1 <u>8</u> 8	ear)
AGE	50 yrs.	7_m	s. 26	lf LESS I day	hre
occupation (a) Trade, proparticular kind (b) General nabusiness, or eswhich employe	d of work	try	ulles	ng.	
BIRTHPLACE (State or cou	Mary	land			
I TO NAME O	F	,			

STATE OF MARYLAND CERTIFICATE OF DEATH

St.:

Registration Dist. No. 287

number.)

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and

MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH	
//	<u> </u>
	(Day) (Year)
	I attended the deceased from
130 to	3 , 193
that I last saw harmalive on	Jan 3, 1956.
and that death occurred on the date s	tated above, at 8 A m.
The CAUSE OF DEATH * was as follow	781
aut Dile	tation of
Near	7
(Duration)	wing mos Hade
Contributory Laga	ee burn of
	vis raos 2/ ds.
	20.23
(Signed)	M. D.
Jan 3 1981 (Address) 91	ent builts her
*State the l'iscase Causing I) Violent Causes, state (1) Means of	eath, or, in deaths from f Injury and (2) Whether
Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For 1	lospitals, Institutions, Trans-
ients or Recent Residents) At place	n the
of deathmosds.	Stateyrsmosds.
Where was disease contracted, if not at place of dea.h?	
Former or	
usual residence	DATE OF BURIAL
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Al Micheels Cernel	in lan 6 , 19 30
20 UNDERTAKER	ADDRESS

lf more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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American Medical Association.) approved by Committee on "(E:haustion," "Heart lauure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railwoy train— "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart diseose; etc. The contributory Nomenclature of the

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